2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767130

Apr 05, 2009 Secretary of State

Entity Name: PALM BEACH ROTARY FOUNDATION

Current Principal Place of Business: New Principal Place of Business:

2633 BORDEAUX COURT 2633 BORDEAUX COURT

NORTH PALM BEACH, FL 33408 PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

P.O. BOX 105

PALM BEACH, FL 33480

FEI Number: 59-2551031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKEY, KIM PARKEY, KIM

2633 BORDEAUX COURT 2633 BORDEAUX COURT

NORTH PALM BEACH, FL 33408 US PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

Name: EASTWOOD, SHERRY Name: MANUEL, ANITA

 Address:
 P.O. BOX 6309
 Address:
 44 COCOANUT ROW T-5

 City-St-Zip:
 WEST PALM BEACH, FL 33405
 City-St-Zip:
 PALM BEACH, FL 33480

Name: BOYER, CHARLES Name: DIXON, MICHAEL
Address: 418 30TH STREET Address: 251 ROYAL PALM WAY SUITE 601

City-St-Zip: WEST PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PIERINO, VINCENT F
 Name:
 STERN, PAMELA F

 Address:
 515 N. FLAGLER DRIVE
 Address:
 440 ROYAL PALM WAY

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:
 PALM BEACH, FL 33480

 Name:
 MANUEL, ANITA
 Name:
 PRESSON, STEVE

 Address:
 44 COCOANUT ROW T-5
 Address:
 12 RIDGE ROAD

 City-St-Zip:
 PALM BEACH, FL 33486
 City-St-Zip:
 OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA MANUEL P 04/05/2009